



TRAINING COUPLED WITH ACTIVE, COMPASSIONATE INVOLVEMENT HELPS TO PREVENT SUICIDES

By Lt. Col. Jerry Swanner

Department of the Army Personnel Human Resources Policy division

Suicide is a serious issue in the Army. In 2000, as Soldier suicide rates were increasing, senior Army leadership directed a complete review of the Army Suicide Prevention Program, calling for a campaign that would refine the ASPP, making use of the best-available science and increasing awareness and vigilance. They also made it clear that they believed the program can only be effective if leaders at all levels get actively involved and provide their Soldiers with the most up-to-date training and education.

The Army personnel division, the Army Surgeon General, and the Army Chief of Chaplains evaluated the existing program and recommended some refinements. Although many of the existing program's original concepts were kept, there was a new emphasis that evolved into four "pillars" intended to help reduce suicides. Those pillars are:

- Develop positive life-coping skills.
- Encourage help-seeking behavior.
- Maintain constant vigilance.
- Integrate and synchronize unit and community suicide prevention programs.

These refinements were approved, and the campaign to use these changes began in 2001. Coupled with renewed command interest in suicide prevention, the campaign contributed to the Army's lowest suicide rate on record in 26 years. However, the ASPP would suffer its toughest challenge following the events of 11 September 2001. Increased operations tempo, deployments, combat operations, and uncertainty have increased stress for soldiers and their families. Army suicide rates now are climbing closer to the rates seen in the late 1990s. However, despite the increased stress, those units that have remained focused on their suicide prevention programs have been able to reduce suicides.

When it comes to saving lives there are many key roles, all of which are vital. These roles are founded upon the basic suicide prevention principles of:

- Recognizing that anyone can be at risk for suicide.
- Involving various installation and local community support agencies.
- Believing that most suicides can be prevented.
- Trusting that leadership and training can make a difference and save lives.

Now we'll take a closer look at those roles and give you some checklists to help reduce the suicide risk within your organization.

All Soldiers:

- If you are having a tough time with a personal relationship, financial hardships, think that you are drinking too much, or feeling depressed, talk to someone. Talking to friends, family, "battle buddies" or a trusted agent such as a chaplain or counselor about your problems is a sign of maturity.
- If you ever reach a point in your life when you are thinking about hurting yourself -- STOP! Save yourself by seeking help immediately! Do not allow

a temporary problem or situation to ruin (or possibly end) your life.

"Buddies":

- Know the warning signs of suicide, including the leading "triggers" or losses that can lead soldiers to consider or commit suicide.
- Take immediate action when you suspect someone is suicidal or when a person admits they are contemplating suicide.
- Become aware of local support services and how they can provide help.

First-line supervisors and leaders:

- Know when your Soldiers and employees are facing a life stressor. Recognize when their behavior or performance has changed.
- Assess each of your Soldiers' life-coping skills and seek opportunities to positively influence their behavior.
- Ensure your Soldiers are trained properly in suicide prevention and awareness.
- Create an atmosphere of inclusion for all -- never ostracize anyone.
- Know the potential triggers for suicide.
- Know the potential warning signs of mental illness.
- Promote the use of available support services.
- Reduce the perceived stigma regarding behavioral health.

Commanders:

- Ensure your Unit Ministry Teams are aware when a Soldier is facing marital or relationship problems, the loss of a loved one, pending Uniform Code of Military Justice actions or separation, or financial hardships.
- Ensure all newly assigned Soldiers are aware of the location of installation support agencies and know how to get help through them.

- Conduct officer and NCO professional development training that focuses on aspects of mental health.
- Ensure that your UMTs have received formal, up-to-date suicide prevention training.
- Ensure that all UMT members have attended applied suicide intervention skills training, and that all leaders understand how to use these trained individuals to determine the risk of suicide for their Soldiers.
- Promote help-seeking behavior as a sign of strength.
- Develop well-defined procedures for registering and storing privately owned weapons.
- Know if your Soldiers have access to personal firearms at their place of residence.
- Ensure any reserve component Soldiers attached to your unit for deployment have received suicide prevention training before deployment.
- Limit the use of the “command interest profile” (formerly known as the “suicide watch”). This should be executed only under the advice of a behavioral health professional or when local emergency services are not available.

UMTs:

- Become trained in applied suicide intervention skills.
- Attend formal suicide prevention and awareness training offered through the Office of the Chief of Chaplains.
- Download the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) *Resource Manual for Suicide Prevention*.
- Keep your commander informed on current suicide statistics and demographics. Explain the high-risk categories to commanders.

Behavioral health professionals:

- Ensure your mental health specialists are trained in applied suicide intervention skills.
- Work closely with chaplains when addressing the overall welfare of Soldiers under your care.
- Offer OPD and NCOPD classes on basic mental health.
- Pursue opportunities to make services and counselors more available and accessible.

Installation suicide prevention standing committees:

- Establish a suicide prevention program specifically tailored for your installation.
- Help the installation and local commanders implement their suicide prevention programs.
- Track the percentage of all assigned chaplains who have received formal suicide prevention training.
- Ensure that commanders and senior NCOs are aware of local support agencies and how to refer Soldiers who need help.
- Ensure there are enough behavioral health personnel to meet the needs of the installation and that someone is always available for crisis intervention or assessment.
- Ensure that commanders are provided timely feedback from support agencies concerning the effectiveness of their Soldiers' treatment.
- Encourage stress management programs for Soldiers and family members, especially during times of increased operational tempo or deployments.
- Track the number of personnel in the community who are trained in applied suicide intervention skills and crisis intervention.

- Review and publicize emergency procedures available to all Soldiers and family members, such as crisis hotlines and suicide awareness cards.
- Ensure newly assigned Soldiers are briefed on installation support agencies during in-processing.
- Ensure that installation school personnel are trained in how to identify individuals at risk for suicide, and how to get them help.
- Establish procedures for creating and using an installation suicide response team or other critical event debriefing team.

